Image# 14941858841 PAGE 1 / 45

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

	or Other Than An Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
American Council of Li	fe Insurers Political Action Committee	
ADDRESS (number and street)	101 Constitution Ave., NW	
Check if different	Suite 700	
than previously reported. (ACC)	Washington	DC 20001 - L L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION NU	IMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00147066	3. IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 (M2) May 20 (M5 Report Due On:	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4) X Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	1) (c) 12-Day Primary (12P) PRE-Election	General (12G) Runoff (12R)
Quarterly Report (Q October 15	Report for the: Convention (12C)	Special (12S)
Quarterly Report (Q January 31	3) M M / D D /	Y Y Y Y Y in the
Year-End Report (Y		State of
Report (Non-election Year Only) (MY)	POST-Election General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 06	01 2014 through 06	30 2014
I certify that I have examined thi	s Report and to the best of my knowledge and belief it is t	rue, correct and complete.
Type or Print Name of Treasurer	Mr. Donald L. Walker	
Signature of Treasurer Mr. D	onald L. Walker [Electronically Filed]	Date 07 18 2014
NOTE: Submission of false, errone	eous, or incomplete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use		FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 06 01 2014 To: 06 30 2014

		COLUMN A This Period				
6.	(a) Cash on Hand January 1, 2014		463302.78			
	(b) Cash on Hand at Beginning of Reporting Period	505045.11				
	(c) Total Receipts (from Line 19)	96861.82	329704.15			
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	601906.93	793006.93			
7.	Total Disbursements (from Line 31)	64500.00	255600.00			
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	537406.93	537406.93			
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00				

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

ributions (other than loans) From: ndividuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	56558.88	
Than Political Committees	56558.88	
	56558.88	
(i) Itemized (use Schedule A)	30330.00	158429.01
		130423.01
(ii) Unitemized	2302.94	18775.14
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	58861.82	177204.15
Political Party Committees	0.00	0.00
	33000.00	147500.00
Totals to Line 33, page 5)▶	91861.82	324704.15
sfers From Affiliated/Other		
Committees	0.00	0.00
pans Received	0.00	0.00
	0.00	0.00
1 1	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	7 7	7 7
cal Committees	5000.00	5000.00
Federal Receipts		
dends, Interest, etc.)	0.00	0.00
sfers from Non-Federal and Levin Funds		
on-Federal Account		
from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
=		
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Lines 11(a)(i) and (ii)	Lines 11(a)(i) and (ii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: — (a) Allocated Federal/Non-Federal	10101 11101	Calchaal IGal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	0.00	0.00			
Expenditures	0.00	0.00			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	64500.00	252000.00			
Independent Expenditures	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loan riopayments Made					
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	5.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees		0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	5.00			
(444 2.115 25 (4)) (4)) 4.115 (4))					
Other Disbursements	0.00	3595.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share	3.00				
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add					
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	64500.00	255600.00			
Total Fodoral Dishurasments					
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	64500.00	255600.00			
	31000.00				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	91861.82	324704.15
34. Total Contribution Refunds (from Line 28(d))	0.00	5.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	91861.82	324699.15
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FC	ЭR	LINE	PAGE		6	OF		45			
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	Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full)	Delitical Action Control	
American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Jonathan Renfrew		Date of Receipt
Mailing Address 5608 Northfield Rd		06 05 2014
City	State Zip Code	Transaction ID: 60804947
Bethesda	MD 20817-6736	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Guardian	Vice President, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	55 5	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mr. John D. Johns		Date of Receipt
Mailing Address 2749 Southwood Road		06 10 _2014 _
City	State Zip Code	7 Transaction ID : 60804950
Birmingham	AL 35223-1228	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	5000.00
Name of Employer	Occupation	
Protective Life Corporation	Chairman, President & CEO]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	5000.00	
Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) C. Mr. John E. Schlifske		Date of Receipt
Mailing Address 720 East Wisconsin Avenue		06 102014
City	State Zip Code	Transaction ID : 60804952
Milwaukee	WI 53202-4703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	-
Northwestern Mutual Life Insurance Com	Chairman & Chief Executive Officer	[
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional)		10500.00
	<u> </u>	
TOTAL This Period (last page this line number	r only)	

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CHEDULE A (FEC FORM 3X)		_			JMBER	: <u>[</u> F	PAGE	7	OF	4	5	
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(che	ck or	ily o	ne)							
LIVIIZED RECEIPTS	Detailed Summary Page	X	X 11a		11b	11	С	12				
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ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full)												

American Council of Life Insu	rers Political Action Committee	
Full Name (Last, First, Middle Initial) A. Steve Radke		Date of Receipt
Mailing Address 9600 N Crestwood Ct		06 10 2014
City	State Zip Code	Transaction ID: 60804953
Mequon	WI 53092-5355	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Northwestern Mutual	VP Government Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Peter R. Schaefer		Date of Receipt
Mailing Address 800 North Magnolia Ave. Suite 1400		06 10 2014
City	State Zip Code	Transaction ID: 60804954
Orlando	FL 32803-3280	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Hannover Life Reassurance Company of A	Occupation President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) C. Walter White	<u>'</u>	Date of Receipt
Mailing Address 4833 McDonald Drive Circ	cle N	06 10 / Y Y Y Y Y Y
City Stillwater	State Zip Code MN 55082-2150	Transaction ID : 60804957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Allianz	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)	7750.00
TOTAL This Period (last page this line numl	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial) A. Mr. Esfandyar E. Dinshaw		Date of Receipt
Mailing Address 3615 131st Street		06 10 2014
City	State Zip Code	Transaction ID: 60804958
Urbandale	IA 50323-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
Sammons Financial Group	Chairman & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Mr. Thomas A Munson		Date of Receipt
Mailing Address 11 Stonebrook Court		06 10 2014
City	State Zip Code	Transaction ID : 60804959
Brownwood	TX 76801-6036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Landmark Life Insurance Company	President & Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) C. Ms. Debbie Richardson		Date of Receipt
Mailing Address 3420 East 38th Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : 60805173
Des Moines	IA 50317-5810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
American Equity Investment Life Insura	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	8000.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	PAGE		9	OF		45			
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r for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Council of Life Insul	rers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. David J. Noble		Date of Receipt
Mailing Address		06 10 2014
City	State Zip Code	Transaction ID : 60805174 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer American Equity Investment Life Insura	Occupation Chr, President & CEO	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Bruce D Cheek Mailing Address 6030 Gear St		Date of Receipt
City	State Zip Code	06 10 2014 Transaction ID : 60805175
Prole	IA 50229-9044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer American Equity Investment Life Insura	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ted M Johnson		Date of Receipt
Mailing Address 3107 SW 31st Place		06 10 2014
City Des Moines	State Zip Code IA 50321-1954	Transaction ID : 60805176 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
American Equity Investment Life Insura Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		3300.00

Use separate schedule(s) for each category of the Detailed Summary Page

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ron J Grensteiner Date of Receipt Mailing Address 4637 91st St 2014 06 10 City State Zip Code Transaction ID: 60805177 50322-6236 Urbandale IΑ Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation American Equity Investment Life Insura Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. John M Matovina Date of Receipt Mailing Address 6524 NW 93rd St 06 10 2014 City State Zip Code Transaction ID: 60805233 IΑ **Johnston** 50131-2954 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation American Equity Investment Life Insura Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. William R Kunkel Date of Receipt Mailing Address 421 Blackstone 2014 06 10 City State Zip Code Transaction ID: 60805234 IL La Grange 60525-6101 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation American Equity Investment Life Insura Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 11 OF 45 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Jeff Lorenzen Date of Receipt Mailing Address 5200 Woodland Ave 2014 06 10 City State Zip Code Transaction ID: 60805235 Des Moines IΑ 50312-1944 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation American Equity Investment Life Insura Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Todd Reimers Date of Receipt Mailing Address 2233 S. 124th Street 06 10 2014 City State Zip Code Transaction ID: 60805236 NE Walton 68461-9705 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation Assurity Life Insurance Company Senior Vice President & Chief Marketin Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Susan L. Keisler-Munro Date of Receipt Mailing Address 6500 Yorktown Court 2014 06 10 City State Zip Code Transaction ID: 60805237 NF Lincoln 68516-5456 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation Assurity Life Insurance Company Senior Vice President and Chief of Ope Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Eugene Choate Date of Receipt Mailing Address 4370 Peachtree Road, NE 2014 06 13 City Zip Code State Transaction ID: 60805314 GΑ Atlanta 30319-3054 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Bankers Fidelity Life Insurance Compan President Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Mark W. Mullin Date of Receipt Mailing Address 4333 Edgewood Road, NE 06 13 2014 City State Zip Code Transaction ID: 60805315 Cedar Rapids IΑ 52499-0001 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Name of Employer Occupation AEGON USA, Inc. President & Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Lyn Wallin Ziegenbein Date of Receipt Mailing Address 600 S. 93rd Street 06 15 2014 City State Zip Code Transaction ID: 60805316 NF Omaha 68114-5012 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Peter Kiewit Foundation **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 4300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 13 OF 45 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Paul E. Petry Date of Receipt Mailing Address 20 Bayberry Way 2014 06 25 City Zip Code State Transaction ID: 60805519 Osterville MA 02655-2405 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation President & CEO Boston Mutual Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Dennis R. Glass Date of Receipt Mailing Address 1000 Green Valley Road 06 25 2014 City State Zip Code Transaction ID: 60805520 PA Bryn Mawr 19010-1912 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Lincoln Financial Group President & Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Philip Adams Date of Receipt Mailing Address 750 Gresham Ave SE 30 2014 06 City State Zip Code Transaction ID: 60805537 GA Atlanta 30316-3837 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Bankers Fidelity Life Insurance Compan Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 8500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Margaret Meister Date of Receipt Mailing Address 842 Kirkland Ave 06 2014 06 City Zip Code State Transaction ID: 60809563 WA Kirkland 98033-6318 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Name of Employer Occupation Exec. Vice President & CFO Symetra Financial Corporation Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wesley W Severin Date of Receipt Mailing Address 777 108th Avenue NE 2014 06 06 City State Zip Code Transaction ID: 60809565 WA Bellevue 98004-5130 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Symetra Financial Corporation VP - National Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank Hilsabeck Date of Receipt Mailing Address 6211 Andrew Court 2014 06 06 City State Zip Code Transaction ID: 60809613 NF Lincoln 68512-1904 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 2800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Donald L. Walker Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 30 2014 City Zip Code State Transaction ID: PR1156427134107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation SVP, Administration & CFO American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mandana Parsazad Date of Receipt Mailing Address 1914 Horse Shoe Drive 2014 06 30 City State Zip Code Transaction ID: PR1481799834107 VA Vienna 22182-3755 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Counsel, Taxes & Retirement Sec Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Walter C. Welsh Date of Receipt Mailing Address 101 Constitution Ave, NW 30 06 2014 101 Constitution Ave, NW City Zip Code State Transaction ID: PR1550105934107 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 416.66 С federal political committee. Name of Employer Occupation American Council of Life Insurers **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 2424.84 Other (specify) 566.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Gail S. Hoeflich Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 30 2014 City Zip Code State Transaction ID: PR1565786734107 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation Legislative Director American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Shannon N. Salinas Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 06 30 City State Zip Code Transaction ID: PR1647849734107 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Counsel, Taxes & Retirement Security Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Kathleen F. Kiernan Date of Receipt Mailing Address 101 Constitution Ave, NW 30 06 2014 Suite 700 City Zip Code State Transaction ID: PR1728112734107 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 241.36 С federal political committee. Name of Employer Occupation American Council of Life Insurers Sr. Counsel, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$120.68 Semi-Monthly) 1448.16 Other (specify) 321.36 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

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	te name and address of any political committee to	
American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Carolyn C. Cobb		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700		06 30 2014
City	State Zip Code	Transaction ID : PR1821819634107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	229.48
Name of Employer	Occupation	1
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	1376.88	P/R Deduction (\$114.74 Semi-Monthly)
Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne	I	Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700	State 7in Code	06 30 2014
City	State Zip Code DC 20001-2133	Transaction ID : PR1871324534107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.66
Name of Employer	Occupation	1
American Council of Life Insurers	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	2499.96	P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Lisa Smith	ı	Date of Receipt
Mailing Address 800 North Magnolia Ave. Suite 1400		06 30 2014
City	State Zip Code	Transaction ID : PR1871488834107
Orlando	FL 32803-3248	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
Hannover Life Reassurance Company of A	Manager	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		P/R Deduction (\$20.00 Semi-Monthly)
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)	>	706.14
TOTAL This Period (last page this line number	r only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Brian Waidmann Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 30 2014 City Zip Code State Transaction ID: PR1872428334107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation Chief of Staff American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$200.00 Semi-Monthly) 2400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Peter J. Bautz Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 30 2014 06 City State Zip Code Transaction ID: PR1903849834107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Taxes and Retirement S Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. William R Hobbs Date of Receipt Mailing Address 13005 Windsor Circle 30 06 2014 City Zip Code State Transaction ID: PR1964225734107 KS Leawood 66209-1793 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **VP Finance** Fidelity Security Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 300.00 Other (specify) 490.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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or for commercial purposes, other than using t	the name and address of any political committee to	o solicit contributions from such committee.
/	rers Political Action Committee	
Full Name (Last, First, Middle Initial) A. Anita Peduzzi		Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700 W		06 30 2014
City	State Zip Code	Transaction ID : PR1978714934107
Washington	DC 20001-2146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	Occupation	1
American Council of Life Insurers	PAC Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Aggrogate real-to-Date ▼	P/R Deduction (\$41.67 Semi-Monthly)
Other (specify) ▼	500.04	. The December (4-1.07 Germ-Montally)
Full Name (Last, First, Middle Initial) 3. Joshua T. Mauthe		Date of Receipt
Mailing Address 2210 12th St NW		06 30 _2014 _
City	State Zip Code	Transaction ID : PR1978715634107
Washington	DC 20009-4404	Amount of Each Receipt this Period
	10000 1.0	Amount of Lacif Neverbit this Feriod
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
American Council of Life Insurers	Meeting Planner-Special Projects Coord	
Receipt For:	, ,	1
Primary General	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Semi-Monthly)
Other (specify) \blacktriangledown	240.00	1 /11 Deduction (\$20.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Jessica M. M Hanson		Date of Receipt
Mailing Address 1707 Prince St. #2		M - M / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
City	State Zip Code	Transaction ID : PR2023274634107
Alexandria	VA 22314-2804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.40
Name of Employer	Occupation	
American Council of Life Insurers	Vice President, Communications	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		P/R Deduction (\$41.70 Semi-Monthly)
Other (specify) ▼	433.60	
SUBTOTAL of Receipts This Page (optional).		206.74
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) American Council of Life Insure	rs Political Action Committee	
Full Name (Last, First, Middle Initial) A. Emily C. C Micale		Date of Receipt
Mailing Address 101 Constitution Avenue NW Suite 700		06 30 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
City	State Zip Code	Transaction ID : PR2122882034107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
American Council of Life Insurers	Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) James Szostek Mailing Address 101 Constitution Avenue NW	, ,	Date of Receipt
Suite 700		06 30 2014
City	State Zip Code	Transaction ID : PR2122891034107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer American Council of Life Insurers	Occupation Public Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$25.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Ian F. F Steger		Date of Receipt
Mailing Address 101 Constitution Avenue NW Suite 700		06 30 2014
City	State Zip Code DC 20001-2133	Transaction ID : PR2160513734107
Washington	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
American Council of Life Insurers	Legislative Analyst	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	P/R Deduction (\$25.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	only)	

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Council of Life Insul	rers Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes		Date of Receipt
Mailing Address 101 Constitution Avenue, N Suite 700 West		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : PR771358234107
Washington	DC 20001-2133	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	356.64
Name of Employer	Occupation	
American Council of Life Insurers	Executive Vice President & General Cou	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2139.85	P/R Deduction (\$178.32 Semi-Monthly)
Full Name (Last, First, Middle Initial) 3. Ms. Linda H. Cunningham		Date of Receipt
Mailing Address 101 Constitution Avenue, N Suite 700 West		06 30 2014
City	State Zip Code DC 20001-2133	Transaction ID : PR771362434107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.34
Name of Employer American Council of Life Insurers	Occupation Vice President, Conference Development	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	698.03	P/R Deduction (\$58.17 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Mr. John F. Dolan		Date of Receipt
Mailing Address 101 Constitution Ave, NW Suite 700 West		06 30 2014
City	State Zip Code DC 20001-2133	Transaction ID : PR771365434107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	1
American Council of Life Insurers	Vice President, Media Relations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	P/R Deduction (\$30.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional).		532.98
TOTAL This Period (last page this line numb	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 30 2014 City Zip Code State Transaction ID: PR771373234107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 308.12 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Vice President, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$154.06 Semi-Monthly) 1848.73 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Shawn Hausman Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2014 06 30 City State Zip Code Transaction ID: PR771373534107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 64.22 federal political committee. Name of Employer Occupation American Council of Life Insurers Sr. Vice President, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$32.11 Semi-Monthly) 385.33 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David M. Leifer Date of Receipt Mailing Address 101 Constitution Avenue, NW 30 Suite 700 West 06 2014 City Zip Code State Transaction ID: PR771374034107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 172.34 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$86.17 Semi-Monthly) 1034.03 Other (specify) 544.68 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 -9

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insure	e name and address of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox	ers Folitical Action Committee	Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		06 30 2014
City	State Zip Code	Transaction ID : PR771376834107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	58.40
Name of Employer	Occupation	
American Council of Life Insurers	Regional Vice President, State Relatio	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.40	P/R Deduction (\$29.20 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. John W. Mangan CEBS		Date of Receipt
Mailing Address 101 Constitution Ave, NW		M = M / D = D / Y = Y = Y
Suite 700	Ctata Zin Code	06 30 2014
City	State Zip Code DC 20001-2133	Transaction ID : PR771377134107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
American Council of Life Insurers	Regional Vice President, State Relatio	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	P/R Deduction (\$100.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) . Ms. Kimberly O. Dorgan		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		06 30 2014
City	State Zip Code	Transaction ID : PR771395134107
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation	-
American Council of Life Insurers	Senior Executive Vice President, Publi	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	2499.96	P/R Deduction (\$208.33 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)	>	675.06
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Paul S. S. Graham III Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 30 2014 City Zip Code State Transaction ID: PR771412634107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers SVP, Insurance Regulation & Chief Actu Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Morris R. Goff Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 2014 06 30 City State Zip Code Transaction ID: PR771419334107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 203.50 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$101.75 Semi-Monthly) 1221.01 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Brenda S. Nation Date of Receipt Mailing Address 101 Constitution Avenue, NW 30 Suite 700 West 06 2014 City Zip Code State Transaction ID: PR771419934107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 150.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$75.00 Semi-Monthly) 900.00 Other (specify) 393.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Ms. Debra K. West Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 30 2014 City Zip Code State Transaction ID: PR771421034107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Regional Vice President, State Relatio Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael Lovendusky Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 06 30 City State Zip Code Transaction ID: PR771421134107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.00 Semi-Monthly) 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Lisa J. Tate Date of Receipt Mailing Address 101 Constitution Avenue, NW 30 06 2014 Suite 700 City Zip Code State Transaction ID: PR771423234107 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Litigation & Assoc. Gen. Counsel American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$40.00 Semi-Monthly) 480.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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	e name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John P. John P. Gerni Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 525.00	Date of Receipt 06 30 2014 Transaction ID: PR771428734107 Amount of Each Receipt this Period 150.00 P/R Deduction (\$75.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. David C. Turner Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20001-2133 C	Date of Receipt 06 30 2014 Transaction ID: PR771428934107 Amount of Each Receipt this Period 270.68
American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	EVP, Chief of Staff & Corp. Secretary Aggregate Year-to-Date ▼ 1624.08	P/R Deduction (\$135.34 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Alane R. Dent Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Vice President, Federal Relations Aggregate Year-to-Date ▼ 1192.55	Date of Receipt 06 30 2014 Transaction ID: PR771444334107 Amount of Each Receipt this Period 198.76 P/R Deduction (\$99.38 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		619.44
TOTAL This Period (last page this line number	<u> </u>	

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and address of any political committee	
Full Name (Last, First, Middle Initial) Mr. T. Scott Dixon Mailing Address 101 Constitution Avenue NV Suite 700 West City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)		Date of Receipt 06 30 2014 Transaction ID : PR771444934107 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Andrew M. Melnyk Mailing Address 101 Constitution Avenue NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20001-2133 C	Date of Receipt 06 30 2014 Transaction ID : PR771445834107 Amount of Each Receipt this Period 41.30
American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Managing Director, Research Aggregate Year-to-Date ▼ 247.79	P/R Deduction (\$20.65 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Julie A. Spiezio Mailing Address 101 Constitution Avenue NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Senior Vice President Aggregate Year-to-Date ▼ 500.00	Date of Receipt 06 30 2014 Transaction ID: PR771449634107 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		181.30
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee	
Full Name (Last, First, Middle Initial) Mr. John K. Bruins Mailing Address 101 Constitution Avenue NV Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Senior Actuary Aggregate Year-to-Date ▼ 206.15	Date of Receipt M M M / 30 2014 Transaction ID: PR771450134107 Amount of Each Receipt this Period 34.36 P/R Deduction (\$17.18 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Maurice A. Perkins Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20001-2133 C	Date of Receipt M M M
American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Vice President, Federal Relations Aggregate Year-to-Date ▼ 2499.96	P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Wayne A. Mehlman Mailing Address 101 Constitution Avenue, Normal Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Counsel, Insurance Regulation Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional).		501.02
TOTAL This Period (last page this line number	er only)	56558.88

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and	Statements m	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 OF 45 (check only one) 11a 11b X 11c 12 13 14 15 16 17 Person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Council of Life Insure	ne name and a	ddress of any political committee	
Full Name (Last, First, Middle Initial) Protective Life Corp. PAC Mailing Address P. O. Box 2606 City Birmingham FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) General Other (specify)	Occupation	Zip Code 35202 0161414 Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Western-Southern PAC Mailing Address 400 Broadway City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 45202 0258228 Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O6 10 2014 Transaction ID: 60804949 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Lincoln National Corporation PAC Mailing Address 1300 South Clinton Street City Fort Wayne FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) General Other (specify)	State IN C CO	Zip Code 46801 0110577 Year-to-Date ▼	Date of Receipt 06 13 2014 Transaction ID: 60805294 Amount of Each Receipt this Period 5000.00
SUBTOTAL of Receipts This Page (optional)			15000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 45 (check only one) 11a
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Council of Life Insure	rs Politica	al Action Committee	
Full Name (Last, First, Middle Initial) A. Ameriprise Financial PAC Mailing Address 101 Constitution Ave NW Suite 816 W City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Trustmark Ins. Co. PAC	Occupation	Zip Code 20001 0414474 Year-to-Date ▼	Date of Receipt M M M
Mailing Address Trustmark Insurance Company 400 Field Drive City Lake Forest FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State IL C Coo	Zip Code 60045 0156166 Year-to-Date ▼	Transaction ID: 60805428 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Modern Woodmen of America PA Mailing Address 1701 First Avenue City Rock Island FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State IL C Coo	Zip Code 61201 0184382 Year-to-Date ▼	Date of Receipt 06 30 2014 Transaction ID: 60805548 Amount of Each Receipt this Period 2000.00
SUBTOTAL of Receipts This Page (optional)			8000.00

TOTAL This Period (last page this line number only).....

S 17

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 31 OF 45
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
•	LIMIZED RECEIL TO		Detailed Summary Page	11a 11b X 11c 12
ıΑ	ny information copied from such Reports and St	atements ma	I ay not be sold or used by any p	erson for the purpose of soliciting contributions
	for commercial purposes, other than using the			
	American Council of Life Insurer	s Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Voya Financial Inc. PAC			Date of Receipt
	Mailing Address 230 Park Avenue			06 30 2014
	City	State NY	Zip Code	Transaction ID: 60806034
	New York	INT	10169	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0184028	5000.00
	Name of Employer	Occupation		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		5000.00	1
	Other (specify) ▼		5000.00	
_	Full Name (Last, First, Middle Initial)			
В.	Liberty Mutual Insurance PAC			Date of Receipt
	Mailing Address 175 Berkeley Street			06 04 2014
	City	State	Zip Code	Transaction ID : 60809548
	Boston	MA	02117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C coo	0171843	5000.00
	Name of Employer	Occupation	ı	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	Aggregate	Teal-10-Date ▼	
	Other (specify) ▼		5000.00	
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer	Occupation	l	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, iggi ogale	.52. 10 5410 7	1
	Other (specify) ▼		7 7 7	
5	UBTOTAL of Receipts This Page (optional)			10000.00

TOTAL This Period (last page this line number only).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 45 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) American Council of Life Insurer	s Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Nationwide Mutual Insurance Co PAC			Date of Receipt
	Mailing Address One Nationwide Plaza			06 13 2014
	City Columbus	State OH	Zip Code 43215	Transaction ID : 60805301 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0123976	2500.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	
В.	Full Name (Last, First, Middle Initial) Nationwide Mutual Insurance Co PA	С		Date of Receipt
	Mailing Address One Nationwide Plaza			06 13 2014
	City Columbus	State OH	Zip Code 43215	Transaction ID : 60805309 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0123976	2500.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
C.	Mailing Address			Mam / Dad / Yayayay
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 33 OF 45	 5
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	•	
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 25 2	6
	Botallou Guillinary 1 ago	27	28a 28b 28c 29 3	0b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Comm	nittee		
Full Name (Last, First, Middle Initial)				_
A. Friends Of Sherrod Brown			Date of Disbursement	
Mailing Address PO Box 15293			06 18 2014	
City	State Zip Code			_
Washington	DC 20003		Transaction ID: 60405199	
Purpose of Disbursement				
		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2000.00	1
Sen. Sherrod Brown		Туре	200.00	ı,
	nent For: 2018 Primary General Other (specify)			
State: OH District:				
Full Name (Last, First, Middle Initial)				
B. Friends Of Dan Kildee			Date of Disbursement	
Mailing Address P.O. Box 248			06 18 2014	
Flint	State Zip Code MI 48501		Transaction ID: 60405200	
Purpose of Disbursement		011	Amount of Each Disbursement this Period	
Candidate Name	'	Category/	1000.00	1
Rep. Daniel Kildee		Туре	1000.00	Ł
	nent For: 2014 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				_
C. Brady For Congress			Date of Disbursement	
Mailing Address P.O. Box 8277			06 18 2014	
City	State Zip Code		T	
The Woodlands	TX 77387		Transaction ID: 60405201	
Purpose of Disbursement				
		011	Amount of Each Disbursement this Period	
Candidate Name	"	Category/	2000.00	1
Rep. Kevin Brady		Type	3000.00	ı
Office Sought: House Disburser	ment For: 2014 Primary			
				7
SUBTOTAL of Disbursements This Page (optional)		······•	6000.00	
TOTAL This Period (last page this line number only))	·····•		

SCHEDULE B (FEC Form 3X)	I I a -	anata sala 1.1.4.	FOR LINE I			PAG	iE 34	OF 4
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the) (check only	one)				_
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	3
Any information copied from such Reports and Statem			sed by any perso	on for the	purpose o	of soliciting	contribu	utions
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)	••		•					
$\Big angle$ American Council of Life Insurers P	'olitical	Action Com	nmittee					
Full Name (Last, First, Middle Initial)								
A. Tim Scott For Senate					f Disburse			
Mailing Address 1405 Ashley River Road				06		8 / Y	2014	Y
City S	State	Zip Code						
Charleston	SC	29407		Trans	saction ID	: 60405209	y	
Purpose of Disbursement				,		D: :		5
Candidate Name			011	Amoun	t of Each	Disburseme	ent this	Period
Candidate Name Sen. Tim Scott			Category/				1000	0.00
Sen. IIM Scott Office Sought: House Disbursem	ent For	2014	Туре		- 7	7	ٽب	
	nent For: Primary	2014 General						
	Other (spe							
State: SC District:		· · · •		_	_	_	_	_
Full Name (Last, First, Middle Initial)								
3. Jeff Merkley For Oregon				Date of	f Disburse	ment		
				М = М			YY	Υ
Mailing Address P O Box 42307				06		8	2014	
,	State	Zip Code		Trans	action ID	: 60405210	, —	_
Portland Purpose of Disbursement	OR	97242		. 4111		·		
. C.P300 Or Diobulgorillotti			011	Amount	t of Each	Disburseme	ent this	Period
Candidate Name				Juil	_4011	, 3, 30111		
Mr. Jeffrey Merkley			Category/ Type				100	00.00
Office Sought: House Disbursem	ent For:	2014						
Senate F	Primary	X General						
President	Other (spe							
State: OR District:								
Full Name (Last, First, Middle Initial)	20			Data	f Disburse	ment		
Jim Risch For U S Senate Committe	८८				_		V	
Mailing Address PO Box 1247				06		8 / Y	2014	- Y
,	State	Zip Code		Trans	action ID	: 60405212	?	
20.00	ID	83701		ııdil	UIIIU	- 		
Purpose of Disbursement			011	,		D: :		5
Candidate Name			011	Amoun	t of Each	Disburseme	ent this	Period
Mr. James Risch			Category/ Type				1000	0.00
Office Sought: House Disbursem	ent For	2014	, ype			7		
	Primary	X General						
	Other (spe							
State: ID District:	_			_			_	_
								_
SUBTOTAL of Disbursements This Page (optional)							3000	0.00
TOTAL This Period (last page this line number only)				1 .				

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 35 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	NOMBER:
IT LIVITZED DISDUNSEIVIENTS	for each category of the	21b	22 🔀 23 🗆 24 🗆 25 🖂 26
	Detailed Summary Page	27	28a 28b 28c 29 30k
Any information copied from such Reports and St.	atements may not be sold or u	sed by any ners	on for the purpose of soliciting contributions
or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurer	s Political Action Com	mittee	
/ Timerream Granes of Ene meaner			
Full Name (Last, First, Middle Initial)			
A. Friends of Roy Blunt			Date of Disbursement
·			M M / D D / Y Y Y Y
Mailing Address P O Box 10178			06 18 2014
City	Ctoto 7:m Ocd-		
City Columbia	State Zip Code MO 65205		Transaction ID: 60405226
Purpose of Disbursement	1VIO 00200		
. arposo or biobaroomont		011	Amount of Each Disbursement this Period
Candidate Name			
Rep. Roy Blunt		Category/ Type	2500.00
	sement For: 2016	71	,
Senate	Y Primary General		
President	Other (specify) ▼		
State: MO District:			
Full Name (Last, First, Middle Initial)			
B. Enzi For U.S. Senate			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 2775			06 18 2014
-			
City	State Zip Code WY 82414		Transaction ID: 60405228
Cody Purpose of Disbursement	vv i 02414		
p		011	Amount of Each Disbursement this Period
Candidate Name			
Sen. Michael Enzi		Category/ Type	2000.00
	sement For: 2014		
Senate	Primary General		
President	Other (specify)		
State: WY District:			
Full Name (Last, First, Middle Initial)			
C. Hatch Election Committee			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P O Box 3986			06 18 2014
City	Ctoto 7:n Codo		
City Washington	State Zip Code DC 20027		Transaction ID: 60405229
Purpose of Disbursement	20021		
•		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Orrin Hatch		Type	2000.00
Office Sought: House Disbu	sement For: 2018		
Senate	Y Primary General		
President	Other (specify) ▼		
State: UT District:			
SUBTOTAL of Disbursements This Page (optional	d)	·····•	6500.00
TOTAL This Period (last page this line number of	nly)		

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	CHEDULE B (FEC Form 3X)	Hen on	parata cohodulo(a)	FOR LINE		:	PAGE	36 C)F 45
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) category of the	(check only	one)	X 23	24	25	<u>26</u>
		Detailed	Summary Page	27	28a	28b	28c	29	30b
Ar	ny information copied from such Reports and Statem	nents mav	not be sold or us	ed by any perso	on for the	purpose o	f soliciting c	ontribut	ions
	for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)			_					
$ \rangle$	American Council of Life Insurers F	Political	Action Com	mittee					
_	Full Name (Last, First, Middle Initial)				_				
A.	Pat Roberts For Senate					f Disburser			
	Mailing Address Box 433				06	18		2014	Y
	City	State	Zip Code		Trans	estion ID	. 60405224		
	0.04.20.14	KS	67530		Trans	saction iD	: 60405234		
	Purpose of Disbursement			011	Amoun	t of Each I	Disbursemer	nt thic F	Pariod
	Candidate Name				ATTOUT	. Or Lacir i	Z IODAI GEIIIEI	Г	3110U
	Sen. Pat Roberts			Category/ Type				1000	.00
	Office Sought: House Disbursem	nent For:	2014						
		Primary	General						
	State: KS District:	Other (spe	ecify) 🔻						
_	Full Name (Last, First, Middle Initial)								
В.	Pat Roberts For Senate				Date o	f Disburser	ment		
					M = M	/ D	_	Y	Υ
	Mailing Address Box 433				06	18		2014	
		State	Zip Code		Trans	saction ID	: 60405238		
	Great Bend Purpose of Disbursement	KS	67530						
	,			011	Amoun	t of Each I	Disbursemer	nt this F	Period
	Candidate Name			Category/				2000	.00
	Sen. Pat Roberts			Туре		-		3000	.00
	Office Sought: House Disbursem								
		Primary Other (spe	General						
	State: KS District:	J.1.101 (Spt							
	Full Name (Last, First, Middle Initial)								
C.	Beatty For Congress				Date o	f Disburser	ment		
	Molling Address DOD 170				M = M	/ D		Y Y	Υ
	Mailing Address PO Box 172				06	18	2	2014	_
	City	State	Zip Code		T.	nation In	. 60405000		
	Columbus	ОН	43216		ırans	saction ID	: 60405239		
	Purpose of Disbursement			044					
	Candidate Name			011	Amoun	t of Each I	Disbursemer	nt this F	Period
	Rep. Joyce Beatty			Category/ Type				3000	.00
	Office Sought: House Disbursem	nent For:	2014	.,,,,			7		
		Primary	General						
		Other (spe	ecify) 🔻						
	State: OH District: 03								
								7000	00
L	GUBTOTAL of Disbursements This Page (optional)			·····•		7		7000	.00
١,	OTAL This Period (last page this line number only).								
ι '	, and page and mile number only).								

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAG	E 37 OF 4
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		25 2 29 3
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
	no and address of any politi	oar committee to	SONOR COMMINGUIS HOME SUCH	. committee.
NAME OF COMMITTEE (In Full)	Dollfiool Astis - O			
American Council of Life Insurers I	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)			Date of Dishumanus	
Hoyer for Congress			Date of Disbursement	YYY
Mailing Address 700 13th St NW Suite 600			06 18	2014
City	State Zip Code		Transaction ID : 6040521	4
Washington	DC 20005		Transaction ID: 6040531	4
Purpose of Disbursement		011	Amount of Each Disbursem	ent this Period
Candidate Name		0.1		
Steny Hoyer		Category/ Type		5000.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary			
State: MD District: 05				
Full Name (Last, First, Middle Initial)			Data of Bishamanana	
Friends Of Erik Paulsen			Date of Disbursement	YYY
Mailing Address P.O. Box 44369 250 Prairie Center Drive			06 18	2014
Eden Prairie	State Zip Code MN 55344		Transaction ID: 6040531	5
Purpose of Disbursement		011	Amount of Each Disbursem	ent this Period
Candidate Name		Category/		2000.00
Mr. Erik Paulsen		Type		2000.00
	ment For: 2014 Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) - Friends Of Erik Paulsen			Date of Disbursement	
Mailing Address P.O. Box 44369 250 Prairie Center Drive		06 18	2014	
	State Zip Code			
Eden Prairie	MN 55344		Transaction ID: 6040531	9
Purpose of Disbursement		011	Amount of Each Disbursem	ent this Period
Candidate Name		Category/		
Mr. Erik Paulsen		Type		1000.00
Office Sought: House Disburser Senate President	ment For: 2014 Primary		, , , , , , , , , , , , , , , , , , , ,	
State: MN District: 03				
SUBTOTAL of Disbursements This Page (optional)				8000.00
TOTAL This Desired (leak ways this line ways)	<u> </u>			
TOTAL This Period (last page this line number only)			

Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursem	for each Detailed lents may e and add	dress of any politi	21b 27 seed by any perso	one) 22 X 23 24 25 2 28a 28b 28c 29 3 28o for the purpose of soliciting contributions
r for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Council of Life Insurers P Full Name (Last, First, Middle Initial) Capuano For Congress Committee Mailing Address PO Box 440305 City Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursement	e and add	Action Com	nmittee	Date of Disbursement 06 18 2014
American Council of Life Insurers P Full Name (Last, First, Middle Initial) Capuano For Congress Committee Mailing Address PO Box 440305 City Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursement	itate MA	Zip Code		06 18 2014
American Council of Life Insurers P Full Name (Last, First, Middle Initial) Capuano For Congress Committee Mailing Address PO Box 440305 City Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursement	itate MA	Zip Code		06 18 2014
Capuano For Congress Committee Mailing Address PO Box 440305 City Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursement	itate MA		011	06 18 2014
Mailing Address PO Box 440305 City Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursement	itate MA		011	06 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City S Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursem	MA		011	
Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursem	MA		011	Transaction ID: 60405327
Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursem		02144	011	1141154511611 12 1 66 166621
Candidate Name Rep. Michael Capuano Office Sought: House Senate Disbursem			011	
Rep. Michael Capuano Office Sought: House Senate Disbursem				Amount of Each Disbursement this Period
Office Sought: House Disbursem	=		Category/	1000.00
Senate			Type	1000.00
	nent For: Primary Other (spe	General		
State: MA District: 08				
Full Name (Last, First, Middle Initial)				
Capuano For Congress Committee				Date of Disbursement
Mailing Address PO Box 440305				06 18 2014
	tate	Zip Code		Transaction ID: 60405496
C	MA	02144		
Purpose of Disbursement			011	Amount of Each Disbursement this Period
Candidate Name			Category/	2000.00
Rep. Michael Capuano			Туре	2000.00
	ent For: Primary Other (spe	X General		
Full Name (Last, First, Middle Initial) Crowley for Congress				Date of Disbursement
Mailing Address 84-56 Grand Avenue				06 18 2014
0				
,	tate NY	Zip Code 11373		Transaction ID : 60405640
Candidate Name			011	Amount of Each Disbursement this Period
Joseph Crowley			Category/ Type	2000.00
Office Sought: House Senate President Disbursem	nent For: Primary Other (spe	General	Турс	
State: NY District: 07				
SUBTOTAL of Disbursements This Page (optional)				5000.00

S	CHEDULE B (FEC Form 3X)		-ll - ()	FOR LINE NUMBE		JMBER: PAGE 39 OF 45					45				
IT	EMIZED DISBURSEMENTS	Use separate so for each catego			(check only or		·					7.05	7.00		
		Detailed Summa			\Box	21b 27	22 28a	×	23 28b	L	24 28c		25 29		26 30b
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or	for commercial purposes, other than using the nam	ne and address of	any political	l com	arry nmitt	ee to s	solicit co	pur ntrib	pose outions	s fr	om su	ch c	ommi	ttee.	3
	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Council of Life Insurers F	Political Actio	n Comm	nitte	е										
\angle	Full Name (Last, First, Middle Initial)					-									
A	Crowley for Congress						Date o	f Dis	sburse	eme	ent				
					_	_	M M	_	D		- /	YY	Y	Y	
	Mailing Address 84-56 Grand Avenue						06			8			014		
	City	State Zip C	`ode			-+									
	City S Elmhurst	State Zip C NY 1137					Trans	acti	ion ID) : (604056	694			
	Purpose of Disbursement		·	_	÷										
				0	11		Amoun	t of	Each	Di	sburse	emen	t this	Peri	od
	Candidate Name			Cate		//							100	0.00	
	Joseph Crowley Office Sought: House Disburser	nent For: 2014		Ту	/pe			-	7	-	7	-		2.30	ш
			General												
	President	Other (specify)													
	State: NY District: 07	<u> </u>													
	Full Name (Last, First, Middle Initial)														
В.	Friends for Gregory Meeks						Date of				ent				
	Mailing Address 153-01 Jamaica Ave						M = M	/	D	18	/		014	Y	
	Suite 535						50	1					J 1-†		
		State Zip C					Trans	sact	ion IF):(60405	695			
	Jamaica Purpose of Disbursement	NY 1143	32							•					
	ו מוףטפר טו בייסטמויים ווופוונ			0	11	$\neg \bot$	Amoun	t of	Each	Di	sburse	emen	t this	Peri	od
	Candidate Name			Cate	-	//							-	-	
	Gregory Meeks				pe				7		7	_	100	00.00	
		nent For: 2014													
	Senate X	,	General -												
	State: NY District: 06	Other (specify)	,												
_	Full Name (Last, First, Middle Initial)														
C.	Gwen Moore For Congress						Date o	f Dis	sburse	eme	ent				
							M = M	/	D		/		Y	Y	
	Mailing Address PO Box 16646						06	J.		8		2	014		
	City	State Zip C	Code			-									
	Milwaukee	WI 5321					Trans	sact	ion IE) : (60405	599			
	Purpose of Disbursement			1.											
	Candidate Name			_	11	_	Amoun	t of	Each	Di	sburse	emen	t this	Peri	od
	Rep. Gwen Moore			Cate	egory /pe	//							100	0.00	
		nent For: 2014		ı y	, PC	-		÷	7		7				
	Senate	Primary	General												
	President	Other (specify)	•												
_	State: WI District: 04														
٫ ا	TIPTOTAL of Dishurasmosts This Dage (ortices)												300	0.00	
Ľ	SUBTOTAL of Disbursements This Page (optional)					<u> </u>	+	÷	7		- 7	+			=
Т	OTAL This Period (last page this line number only)					•			1						

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 40 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBELL.
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Dotailed Guillinary 1 age	27	28a 28b 28c 29 30b
Any information copied from such Reports and State			
or for commercial purposes, other than using the nar	ne and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		•	
$ \; angle$ American Council of Life Insurers I	Political Action Comn	nittee	
Full Name (Last, First, Middle Initial)			
A. Jim Himes For Congress			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address 857 Post Road			06 18 2014
#312	O		
City Fairfield	State Zip Code CT 06824		Transaction ID: 60405702
Purpose of Disbursement	00024		
•		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Mr. Jim Himes		Type	3000.00
	ment For: 2014		
Senate	Primary General		
State: CT District: 04	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Devin Nunes Campaign Committe	Δ		Date of Disbursement
Devin Names Gampaign Committee	G		M M / D D / Y Y Y Y
Mailing Address PO Box 6545			06 18 2014
	State Zip Code CA 93290		Transaction ID: 60405704
Visalia Purpose of Disbursement	CA 93290		
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Devin Nunes		Туре	1000.00
	ment For: 2014		
Senate	Primary General		
President State: CA District: 21	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Randy Hultgren For Congress			Date of Disbursement
Trainay Frantgroff For Congress			M M / D D / Y Y Y Y
Mailing Address PO Box 717			06 18 2014
0.1	Otata 7' O '		
City St Charles	State Zip Code IL 60174		Transaction ID: 60405707
Purpose of Disbursement	00174		
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Randy Hultgren		Type	1000.00
	ment For: 2014		
Senate President	Primary		
State: IL District: 14	Other (specify)		
Julion II			
SUBTOTAL of Disbursements This Page (optional)			5000.00
Sign (spinorial).			
TOTAL This Period (last page this line number only			

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 41 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	(check only	
	Detailed Summary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and Stater			
or for commercial purposes, other than using the nan	ne and address of any pol	itical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	- '''	•••	
American Council of Life Insurers F	Political Action Cor	mmittee	
Full Name (Last, First, Middle Initial)			D
A. Lynn Jenkins For Congress			Date of Disbursement
Mailing Address P O Box 1441			06 18 2014
	State Zip Code		Transaction ID : 60405709
Topeka	KS 66601		Transaction ib . 00403709
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Lynn Jenkins		Type	1000.00
	ment For: 2014	•	
	Primary General		
State: KS District: 02	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
,	ttoo		Date of Disbursement
B. Pat Meehan For Congress Commi	ucc		M M / D D / Y Y Y Y
Mailing Address 50 S. Providence Road			06 18 2014
City	State Zip Code		Transaction ID : 60405818
Media	PA 19063		11ansaction ID : 00403616
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each disbursement this Feriod
Rep. Patrick Meehan		Category/ Type	2000.00
•	ment For: 2014	1,400	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary Seneral		
President	Other (specify) ▼		
State: PA District: 07	<u> </u>		
Full Name (Last, First, Middle Initial)			
^{C.} Alaskans For Begich 2014			Date of Disbursement
Mailing Address PO Box 410	Mailing Address PO Box 410		
City	State Zip Code		
Palmer	AK 99645		Transaction ID: 60405819
Purpose of Disbursement			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Mr. Mark Begich		Туре	1000.00
	ment For: 2014		
Senate President	Primary General Other (specify) ▼		
State: AK District:	outer (apecity) ▼		
740 2.00.00			
SUBTOTAL of Disbursements This Page (optional)			4000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Harana da	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	e Concor only	one) 22 X 23 24 25 26 28 28 28 28 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers F	Political Action Cor	mmittee	
Full Name (Last, First, Middle Initial)			
A. Carper for Senate			Date of Disbursement
Mailing Address P O Box 2882			06 18 2014
,	State Zip Code		Transaction ID: 60405820
Wilmington	DE 19805		
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Thomas Carper		Туре	2000.00
Senate President	nent For: 2018 Primary General Other (specify) ▼		
State: DE District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
3. Kirk For Senate			M M / D D / Y Y Y Y
Mailing Address P.O. Box 8			06 18 2014
City S Winnetka	State Zip Code IL 60093		Transaction ID : 60405821
Purpose of Disbursement	12 00093		
Out it has Nove		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Mark Kirk		Туре	100000
Senate President	nent For: 2016 Primary General Other (specify)	I	
State: IL District: Full Name (Last, First, Middle Initial)			
C. Citizens for Cochran			Date of Disbursement
Mailing Address PO Box 7183			06 18 2014
City	State Zip Code		Transaction ID - CO405000
	MS 38802		Transaction ID: 60405822
Purpose of Disbursement			
Candidate Name		011	Amount of Each Disbursement this Period
Thad Cochran		Category/ Type	1000.00
	ment For: 2014 Primary General		
President	Other (specify) ▼		
State: MS District:	Other (specify) ▼ Runoff201	14	
	Runoff201		4000.00

SCHEDULE B (FEC Form 3X)		FOD I WE	NUMBER: PAGE 43 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	NOMBETT.
II LIVIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 🔀 23 🗆 24 🗆 25 🖂 26
	Detailed Summary Page	27	28a 28b 28c 29 30l
Any information copied from such Reports and Sta	tements may not be sold or u	sed by any ners	on for the purpose of soliciting contributions
or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers	Political Action Com	mittee	
/ / inchedit Godner of Life insurers	T Ollifodi 7 totion Con	mintoc	
Full Name (Last, First, Middle Initial)			
A. Terri Sewell For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P.O. Box 1964			06 18 2014
City	State Zip Code		Transaction ID: 60405823
Birmingham Purpose of Disbursement	AL 35201		
rulpose of disbulsement		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Disbursement this Feriod
Rep. Terri Sewell		Category/ Type	2000.00
•	sement For: 2014	туре	
Senate	Primary Seneral		
President	Other (specify)		
State: AL District: 07			
Full Name (Last, First, Middle Initial)			
B. Alexander for Senate 2014, Inc.			Date of Disbursement
Alexander for Cenate 2014, me.			M M / D D / Y Y Y Y
Mailing Address 228 S Washington St			06 18 2014
Suite 114			
City	State Zip Code		Transaction ID: 60405824
Alexandria	VA 22314		
Purpose of Disbursement		044	American of Fools Dishumon and this Deviced
Candidate Name		011	Amount of Each Disbursement this Period
Lamar Alexander		Category/	1000.00
	sement For: 2014	Туре	
Senate	Primary General		
President	Other (specify)		
State: TN District:	Carior (opcomy)		
Full Name (Last, First, Middle Initial)			
C. Charles Boustany Jr Md For Con	ares Inc		Date of Disbursement
onanes boustarry or war or con	gress inc		M M / D D / Y Y Y Y
Mailing Address Post Office Box 80126			06 18 2014
•			
City	State Zip Code		Transaction ID: 60405825
Lafayette	LA 70598		11aiisaction iD : 00403023
Purpose of Disbursement			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Charles Boustany Jr.		Туре	1000.00
	sement For: 2014		
Senate	Primary General		
President President	Other (specify) ▼		
State: LA District: 07			
			4000.00
SUBTOTAL of Disbursements This Page (optional)	······	4000.00
TOTAL This Desired (Instrument 11 12			
TOTAL This Period (last page this line number or	ıy)		

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 44 OF 45
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26
	, ,	27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name ${\sf name}$			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers F	Political Action Comm	nittee	
Full Name (Last, First, Middle Initial)			
A. Larson for Congress			Date of Disbursement
Mailing Address P O Box 479			06 18 2014
City	State Zip Code		Transaction ID : 60405826
Glastonbury	CT 06033		11a115aCtion ID : 00403020
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
John Larson		Туре	2000.00
Senate	nent For: 2014 Primary		
State: CT District: 01			
Full Name (Last, First, Middle Initial)			
B. Larson for Congress			Date of Disbursement
Mailing Address P O Box 479			06 18 2014
Glastonbury	State Zip Code CT 06033		Transaction ID: 60405827
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
John Larson		Type	1000.00
Senate	nent For: 2014 Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			
C. Mike Thompson For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 5429 Madison Avenue			06 18 2014
,	State Zip Code		Transaction ID: 60405829
Sacramento Purpose of Disbursement	CA 95841		
r dipose of bisbursement		011	Amount of Each Disbursement this Period
Candidate Name	I		Amount of Each dispulsement this Feriod
Rep. Michael Thompson		Category/ Type	1000.00
Senate President	nent For: 2014 Primary		
State: CA District: 01			
SUBTOTAL of Disbursements This Page (optional)		······	4000.00
TOTAL This Period (last page this line number only)		·····•	

SCHEDULE B (FEC Form 3X)	Hoo concrete ask style (-)	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 28a 28b 28c 29
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers F	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
Cleaver For Congress			Date of Disbursement
Mailing Address 4801 Main Street, Stuite 1000			06 18 2014
•	State Zip Code		Transaction ID : 60405830
. tanoas only	MO 64112		Transaction 15 : 0040000
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Emanuel Cleaver II	_	Туре	1000.00
Senate President	nent For: 2014 Primary		
State: MO District: 05			
Full Name (Last, First, Middle Initial) Bennet For Colorado			Date of Disbursement
Mailing Address PO Box 3078			06 18 2014
•	State Zip Code CO 80201		Transaction ID: 60405936
Purpose of Disbursement	80201	- au	A
Candidate Name		011	Amount of Each Disbursement this Perio
		Category/	3000.00
Sen. Michael Bennet Office Sought: House Disbursen	nent For: 2016	Туре	
X Senate	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) Maloney For Congress			Date of Disbursement
Mailing Address 49 E 92nd Street			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
-			
,	State Zip Code NY 10128		Transaction ID: 60405937
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Carolyn Maloney		Category/ Type	1000.00
Office Sought: House Senate President Disbursen	nent For: 2014 Primary General Other (specify)	Туре	
State: NY District: 14			
SUBTOTAL of Disbursements This Page (optional)		·····•	5000.00
TOTAL This Period (last page this line number only)			64500.00